



PATIENT & FAMILY CENTERED CARE

UNIVERSITY OF MICHIGAN
HEALTH SYSTEM

UMHS PEER MENTOR PROGRAM

Peer Mentor Manual

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UMHS PEER MENTOR PROGRAM

I. INTRODUCTION AND ORIENTATION

What are Peer Mentors?

Peer Mentors are an extension of a health care team and work with individuals facing life circumstances similar to their own. Specifically, Peer Mentors are individual patients who have made a positive adjustment to their illness and are available to support others who are new to their illness.

Although it is clear that the experiences of one person are never replicated in another, it is also true that the concept of "I've been there, too" is a remarkably potent form of support and assistance. When the "I've been there, too" perspective is provided using appropriate helping skills, an accurate pool of knowledge about health issues, and a good understanding of supportive communication techniques

Peer Mentors are not "advice givers" or "problem solvers," rather they are sensitive listeners who can help facilitate self-exploration and decision-making. Peer Mentors are neither therapists nor professional counselors, but they have received special training to enable them to help other patients think through and reflect on problems they may be experiencing. Peer Mentors provide new patients or family members with the following:

- Sharing personal knowledge of the peer mentor's experience as a patient or family member
- Facilitating expression of feelings
- Acting as a bridge to the medical team
- Role modeling positive adjustment to illness
- Encouraging patients to maximize their quality of life
- Sharing information about University of Michigan Health System

Objectives of the UMHS Peer Mentor Program

1. Role Modeling
 - a. Active Involvement in one's own health care.
 - b. Encouraging patients to advocate for themselves or their loved ones.
2. Information Distribution
 - a. Sharing resources specific to the medical condition.
 - b. Sharing one's own experience, yet balancing that with others' experiences and the unpredictability of living with an illness.
3. Empathetic Listening
 - a. Peers Mentors will gain an understanding of the peers by listening and acknowledging their challenges.
 - b. Sharing one's own challenges allows others to feel comfortable to share their problem areas.
4. Navigating the Health Care System
 - a. Learning to make a list of questions.
 - b. Communicating openly with your health care team.
5. Relieving Anxiety
 - a. The Peer Mentors are "a picture worth a thousand words" whose very presence conveys the message, "It isn't always easy, but I'm making it!" New patients or family members say to themselves, "If he or she can make it, I can too!"

Peer Mentor “Do’s”

- Be friendly and outgoing.
- Listen; give the other person time to talk.
- Be willing to learn.
- Express a non-judgmental attitude toward the values and behaviors of the patient and/or family members.
- Be dependable in meeting time commitments.
- Be open to views other than your own.
- Be discreet; adhere to rules of confidentiality.
- Show an honest interest in helping the patient or family member.
- Be flexible and open in your discussion.
- Be non-directive and supportive.
- Refrain from answering medical questions or offering treatment advice; appropriately refer the person you are helping to professional staff (doctor, nurse, social worker).
- Remember clinic and hospital etiquette:
 - If meeting in a unit, check in at the front desk. Follow unit procedures for entry into treatment area.
 - Consult with hospital/unit staff before meeting with the patient or family member. They need to know who you are and if it will be an appropriate time to visit.
 - Respect posted regulations—if in doubt, ask a nurse or a hospital staff member.

Peer Mentor “Don’ts”

- Do not be a therapist.
- Do not be a social worker.
- Do not be a physician.
- Do not be a nurse.
- Do not be a dietitian.
- Do not suggest a diagnosis for medical problems of the patient.
- Do not advocate a particular type of medical therapy.
- Do not give advice.
- Do not recommend care providers.
- Do not overstay your welcome; be careful about timing and length of your visit.
- Do not invade their privacy.

UMHS PEER MENTOR PROGRAM

II. SELF AWARENESS

Know Your Limits

1. It's OK to think about yourself, your time constraints, and your health priorities. You are a patient/family member first and a volunteer/Peer Mentor second.
2. Respect the individuality of the person. If you cannot relate to or work with your assigned patient/family member, talk to your program coordinator or social worker.
3. Stick to your Peer Mentor role.
4. Never offer financial assistance.
5. Review manual as often as needed for reference.
6. Never do for others what they can do for themselves.
7. It's okay to say "I don't know." Follow up with, "Let's find out."
8. Be alert not only to the person's behavior, but also to your own reactions and behavior.
9. Keep in mind the primary task is helping people.
10. You may be affected by a peer's declining health. Talk with your coordinator or social worker if this occurs.
11. Allow people to express their negative feelings without taking them on.

You Share Your Story, I'll Share Mine Exercise

Using the following questions, take 5-10 minutes to tell the group your personal experience with illness. Try to avoid intellectualizing, or using unnecessary medical or technical terms to describe what happened.

Please indicate the following information, but note this does not necessarily limit things you may want to include.

1. Name
2. Your diagnosis or the diagnosis of your family member
3. Age diagnosed
4. Share something personal (hobby, work, family)
5. Share significant treatment milestones
6. What motivates you to take care of yourself?
7. Why do you want to be a Peer Mentor?

Confidentiality

What is confidentiality?

- KEEPING PERSONAL INFORMATION ABOUT AN INDIVIDUAL IN CONFIDENCE
 1. Everyone has a right to keep personal information to themselves. It is a person's choice, not an obligation, to share information.
 2. Keep in mind that much of the information a person may share with you may be sensitive, embarrassing, or potentially stigmatizing to them.
- Keeping information confidential means that you make a promise not to share anything with anyone at any time. This means EVERYONE, including your spouse, family, friends, other patients, co-workers, strangers-everyone.
- Don't talk anywhere! The walls have ears.

Exceptions of the Confidentiality Rule:

- You cannot promise to keep a life-threatening situation a secret!
 1. If someone tells you something that indicates danger, you cannot ignore it; pretend you did not hear it or keep it to yourself. Examples: talk of suicide, domestic abuse of any sort, stopping medical treatment, trying "alternative" medical treatment, etc.
 2. Let the person know that you are concerned about what they are saying. Encourage them to discuss it with someone – their family, doctor, social worker, or nurse.
 3. If they refuse, let them know that you are worried about them and that this is an instance that you cannot keep confidential. Let them know what you are going to share, who you will share it with, and why.
 4. Immediately contact the Peer Mentor Coordinator or someone from the person's treatment team and share your concerns.
- If at any time you are not sure if a situation is one that needs to be reported, you can contact the social worker or the Peer Mentor Coordinator to discuss the situation.
- It is a good idea to let the person know at the beginning that you intend to maintain confidentiality at all times, but let him/her know of the exceptions.

Non-Assertive, Assertive and Aggressive Styles of Behavior Exercise

Non-assertive is failing to stand up for oneself, or standing up for oneself in such an ineffectual manner that one's rights are easily violated.

Assertive is standing up for oneself in such a way that one does not violate the basic rights of another person. It's a direct, honest, and appropriate expression of one's feelings and opinions.

Aggressive is standing up for oneself in such a way that the rights of the other people are compromised in the process. It's an attempt (conscious or unconscious) to humiliate or put down the other person.

	Non-assertive	Assertive	Aggressive
Characteristics:	Indirect, self-denying, hidden bargains, emotional dishonesty	Direct, Expressive, Leveling	Direct, domineering, at expense of others, cutting off communication, putting down others
Your feelings when you engage in this behavior:	Hurt, anxious at the time, and possibly angry later.	Confident, self- respect at the time and later	Righteous, superior, condescending toward others at the time, and possibly guilty later.
The other person's feelings about her or himself when you engage in this behavior:	Guilty or superior	Valued, respected	Hurt, Humiliated
The other person's feelings toward you when you engage in this behavior:	Irritation, pity, disgust	Usually respect	Angry, vengeful

True Colors Personality Quiz¹

Describe Yourself: In the boxes below are groups of word clusters printed **horizontally** in rows. Look at all the choices in the first box (A, B, C, D). Read the words and **decide which of the four letter choices is most like you**. Give that a “4”. Then rank order the next three letter choices from 3-1 in descending preference. You will end up with a box of four letter choices, ranked from “4” (most like you) to “1” (least like you). Continue this process with the remaining four boxes until each have a 4, 3, 2, and 1.

Box One

A _____

active
opportunistic
spontaneous

B _____

parental
traditional
responsible

C _____

authentic
harmonious
compassionate

D _____

versatile
inventive
competent

Box Two

E _____

curious
conceptual
knowledgeable

F _____

unique
empathetic
communicative

G _____

practical
sensible
dependable

H _____

competitive
impetuous
impactful

Box Three

I _____

loyal
conservative
organized

J _____

devoted
warm
poetic

K _____

realistic open-
minded
adventuresome

L _____

theoretical
seeking
ingenious

Box Four

M _____

concerned
procedural
cooperative

N _____

daring
impulsive
fun

O _____

tender
inspirational
dramatic

P _____

determined
complex
composed

Box Five

Q _____

philosophical
principled
rational

R _____

vivacious
affectionate
sympathetic

S _____

exciting
courageous
skillful

T _____

orderly
conventional
caring

A, H, K, N, S orange = _____

B, G, I, M, T gold = _____

C, F, J, O, R blue = _____

D, E, L, P, Q green = _____

¹ <http://www.nfty.org>

BLUE

I need to feel unique and authentic

Enthusiastic, Sympathetic, Personal

I look for meaning and significance in life

Warm, Communicative, Compassionate

I need to contribute, to encourage, and to care







Idealistic, Spiritual, Sincere

I value integrity and unity in relationships







Peaceful, Flexible, Imaginative

I am a natural romantic, a poet, a nurturer







In childhood...

-   I was extremely imaginative and found it difficult to fit into the structure of school life.
-   I reacted with great sensitivity to discordance or rejection and sought recognition.
-   I responded to encouragement rather than competition.

















In relationships...

-   I seek harmonious relationships.
-   I am a true romantic and believe in drama, warmth, and empathy to all relationships.
-   I enjoy the symbols of romance such as flowers, candlelight, and music and cherish the small gestures of affection.















At work...

-   I have a strong desire to influence others so they may lead more significant lives.
-   I often work in the arts, communication, education, and helping professions.
-   I am adept at motivating and interacting with others.

Leadership Style...

-   Expects others to express views
-   Assumes “family spirit”
-   Works to develop others’ potential
-   Individuals oriented
-   Democratic, unstructured approach
-   Encourages change VIA human potential
-   Change time allows for sense of security
-   Expects people to develop their potential

Symptoms of a Bad day...

-   Attention-getting misbehaving
-   Lying to save face
-   Withdrawal
-   Fantasy, day-dreaming, and going into a trance
-   Crying and depression
-   Passive resistance
-   Yelling and screaming

GOLD

I need to follow rules and respect authority

Loyal, Dependable, Prepared

I have a strong sense of what is right and wrong in life

Thorough, Sensible, Punctual

I need to be useful and belong **Faithful, Stable, Organized**

I value home, family, and tradition







Caring, Concerned, Concrete

I am a natural preserver, a parent, a helper







In childhood...

-   I wanted to follow the rules and regulations of the school.
-   I understood and respected authority and was comfortable with academic routine.
-   I was the easiest of all types of children to adapt to the education system.















In relationships...

-   I am serious and tend to have traditional, conservative views of both love and marriage.
-   I enjoy others who can work along with me, building secure, predictable relationships together.
-   I demonstrate admiration through the practical things I do for the ones I love.















At work...

-   I provide stability and can maintain organization.
-   My ability to handle details and to work hard makes me the backbone of many organizations.
-   I believe that work comes before play, even if I must work overtime to complete the task.

Leadership Style...

-   Expects punctuality, order, loyalty
-   Assumes “right” way to do things
-   Seldom questions tradition
-   Rules oriented
-   Detailed/thorough approach - threatened by change
-   Prolonged time to initiate any change
-   Expects people to “play” their roles




Symptoms of a Bad day...

-   Complaining and self-pity
-   Anxiety and worry
-   Depression and fatigue
-   Psychosomatic problems
-   Malicious judgments about yourself or others
-   Herd mentality exhibited in blind following of leaders
-   Authoritarianism and phobic reactions



ORANGE

I act on a moment's notice
Witty, Charming, Spontaneous
I consider life a game, here and now
Impulsive, Generous, Impactful
I need fun, variety, stimulation, and excitement
Optimistic, Eager, Bold
I value skill, resourcefulness, and courage
Physical, Immediate, Fraternal
I am a natural trouble shooter, a performer, a competitor





In childhood...

-  Of all types of children, I had the most difficult time fitting into academic routine.
-  I learned by doing and experiencing rather than by listening and reading.
-  I needed physical involvement in the learning process and was motivated by my own natural competitive nature and sense of fun.







In relationships...

-  I seek a relationship with shared activities and interests.
-  I like to explore new ways to energize the relationship.
-  In a relationship, I need to be bold and thrive on physical contact.
-  I enjoy giving extravagant gifts that bring obvious pleasure to special people in my life.








At work...

-  I am bored and restless with jobs that are routine and structured.
-  I am satisfied in careers that allow me independence and freedom, while utilizing my physical coordination and my love of tools.
-  I view any kind of tool as an extension of myself.
-  I am a natural performer.

Leadership Style...

-  Expects quick action
-  Works in the here and now
-  Performance oriented
-  Flexible approach
-  Welcomes change
-  Expects people to “make it fun”

Symptoms of a Bad day...

-  Rudeness and defiance
-  Breaking the rules intentionally
-  Running away and dropping out
-  Use of stimulants
-  Acting out boisterously
-  Lying and cheating
-  Physical aggressiveness

GREEN

I seek knowledge and understanding

Analytical, Global, Conceptual

I live by my own standards

Cool, Calm, Collected

I need explanation and answers





Inventive, Logical, Perfectionist

I value intelligence, insight, fairness, and justice







Abstract, Hypothetical, Investigative

I am a natural non-conformist, a visionary, a problem solver







In childhood...

-   I appeared to be older than my years and focused on my greater interests, achieving in subjects that were mentally stimulating.
-   I was impatient with drill and routine, questioned authority, and found it necessary to respect teachers before I could learn from them.

















In relationships...

-   I prefer to let my head rule my heart.
-   I dislike repetition, so it is difficult for me to continuously express feeling. I believe that once feelings are stated, they are obvious to others.
-   I am uneasy when my emotions control me; I want to establish a relationship, leave it to maintain itself, and turn my energies to my studies, work or other interests.













At work...

-   I am conceptual and an independent thinker. For me, work is play.
-   I am drawn to constant challenge in careers, and like to develop models, explore ideas, or build systems to satisfy my need to deal with innovation.
-   Once I have perfected an idea, I prefer to move on, leaving the project to be maintained and supported by others.

Leadership Style...

-   Expects intelligence and competence
-   Assumes task relevancy
-   Seeks ways to improve systems
-   Visionary
-   Analytical
-   Encourages change for improvement
-   Constantly “in process” of change
-   Expects people to follow through

Symptoms of a Bad day...

-   Indecisiveness
-   Refusal to comply or cooperate; the silent treatment
-   Extreme aloofness and withdrawal
-   Snobbish, put-down remarks, and sarcasm
-   Perfectionism due to severe performance anxiety
-   Highly critical attitudes toward yourself or others

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III. EMPATHY & ACTIVE LISTENING

Key Points to Being a Good Listener

A. Body Language

- 1.) What is your face saying?
- 2.) What is your body saying?

B. Being Congruent

- 1.) What you say with your mouth matches what you say with your body.

Showing Warmth and Caring¹

Eye Contact
Lean Forward Slightly
Relaxed Posture
Smile Appropriately
Face Shows Interest
Face the Person
Open Posture
Nod Your Head to Show Interest
Warm Voice Tone
Speech Content Shows Interest

¹ From Susan Smith (1992) Communication in Nursing

Non-Listening/Listening Behaviors

Non-Listening	Listening
Interrupting speaker	Looking into speaker's eyes
Keeping a —poker face" (no expression)	Touching speaker's hand/arm (if appropriate)
Communicating boredom through your tone of voice	Leaning toward speaker
Staring at speaker	Maintaining a pleasant facial expression
Yawning/Stretching	Changing facial expression in response to speaker's message
Leaning away from speaker	Sitting with body directly facing speaker
Looking at walls/ceiling/floor	Nodding head affirmatively
Glancing at watch/clock	Keeping eyes wide open
Inspecting fingernails/cracking knuckles	Raising eyebrows
Giving immediate attention to any chance interruption	Using expressive hand gestures (clapping, clasping hands)
Fidgeting (tapping foot or fingers; playing with ring/pencil)	Giving fast glances
Crossing arms across chest	Communicating appreciation/interest Through vocal sounds (hmm... Oh!,...Ah!...)
Sneering/rolling eyes	Pausitiveness" (Pausing before you respond to the speaker to show that you're considering what he or she has said)

Principles of Active Listening

The basic goal of active listening is to give the person a chance to express, explore and understand his or her own feelings. Two elements are essential to achieve this goal:

1. The awareness that you cannot solve someone's problems, but that the person must do that for themselves.
2. That an individual cannot change a situation or solve a problem until the person is aware of his or her own feelings about that problem.

To establish an atmosphere of TRUST, let the person know it is all right to talk with you.	do	Reflect feeling statements back to the person; let the person know what feelings you're hearing him/her express.
PUT YOURSELF in the place of the person; try to understand what is being said, not what you would say in the same situation.	but	Do not take responsibility for solving the person's problems; your job is to help the person understand how he or she feels about the problem and what he or she wants to do about it.
LISTEN more than you talk. Listen closely for the statements about feelings and for the feeling tone behind statements; be patient and do not push.	by	Asking open-ended questions rather than questions that require a yes or no or another simple answer; leave the room for the person to go in the direction that is most important to him or her.
RESPECT the person's right to privacy.	by	Not imposing your own feelings and attitudes on the person. Be non-judgmental; a solution that is right for you may be wrong for him or her.

Responding to Feelings with Empathy

Empathy is the ability to sense how people feel about something. Responding to feelings refers to the action, verbal or non-verbal cues by which we communicate empathic understanding to people about their feelings.

You can respond to feelings in three ways:

1. Make a mental note of the feeling but decide to make no verbal response to it, and go on with the discussion.
2. Indicate that you recognize and understand the feeling by saying so or by giving some sign of understanding (a nod, saying mmm...) and then go on with the discussion.
3. Stop the discussion, and focus on the feeling or the issue which caused it. You can attempt to work on the emotion so that the person:
 - A. has it under control
 - B. has explored it enough so that he or she can focus on what to do about the things that evoke those feelings.
 - C. has resolved the issue – then continue the discussion.

It is important to know how to:

1. Recognize the feeling

Attending not only to what is being said, but also to how it is being said and to the speaker's body language.
2. Respond to the feeling.

“It sounds like you are feeling...”
3. Reflect back your observation of the peer's or family member's feelings.
4. Confirm the accuracy of your response.

A Good Listener

- Respects and observes confidentiality.
- Neither judges nor condemns.
- Openly accepts the feelings expressed by others.
- Does not react nervously or negatively to tears.
- Does not give advice, unless it is requested.
- Conveys warmth and compassion.
- Looks for strengths in others and points them out.
- May not agree with what is being said, but understands that the other person needs to say it.
- Puts the talker at ease.
- Looks and acts interested in others.
- Gives undivided attention.
- Allows time for unhurried conversation.
- Makes sure that the environment is conducive to listening.
- Recognizes that feelings may change over time.
- Is willing to suspend judgment, even at the risk of having his or her own opinion changed.
- Does not interrupt.
- Asks questions that encourage further sharing.
- Believes that others are capable of working through their feelings and finding the solutions to their problems.
- Never says, "I understand exactly how you feel."

Categories of Feelings

Happy	Excited Elated Cheerful Glad
Sad	Hopeless Distraught Upset Down
Angry	Furious Agitated Frustrated Annoyed
Scared	Fearful Panicky Nervous Uneasy
Confused	Disorganized Troubled Ambivalent Undecided

Why Empathic Listening Works

1. ***THE OTHER PERSON SETS THE PACE.*** You let them take the lead in the conversation. You don't push them faster than they want to go. This builds trust.
2. ***THE OTHER PERSON IS COMPLETELY FREE TO BE NATURAL.*** That's a rare opportunity. The other person will probably take advantage of it by relaxing and behaving in the ways that are most real and honest. When you show that you can be trusted, the others are free to tell you about their hurts, secrets and ambitions. The result – you can really know them.
3. ***THE OTHER PERSON GAINS SELF-UNDERSTANDING.*** In a mirror, you can see things about your physical self that cannot otherwise be seen. In the same way, empathic listening serves as a mirror in which a person can see their behaviors and attitudes more completely. This helps them understand themselves better and forces them to decide whether or not they like themselves the way they are or if they want to change.

Open Ended Questions

1. "What" and "How" questions are, in most cases, preferable to "Why" questions.
2. Open-ended questions encourage the person to explore his or her thoughts.
3. Closed questions force a specific answer.

The following are examples of open-ended questions. Try to use as many different ones as you can.

What does that feel like?
Can you tell me more about...?
How are you feeling right now?
Would you like to talk about it?
Where would you like to begin?
How is that (specific) for you?
How do you feel now about...?
Can you tell me what that means to you?

How would you like things to be?
What do you imagine?
What have you thought of?
What would it be like...?
How do you see things changing?
What would you like to do about...?
I'm wondering...
What's that like?
What can you think of?
What's most important for you right now?

Seven Ways to Encourage People to Talk More in Depth About Themselves and Their Feelings

1. Respond to feelings expressed and implied.
2. Share (in brief and only when appropriate) similar experiences and feelings.
3. Using active listening. Be alert. Anticipate what will be said. Listen, paraphrase and check your perception with the speaker.
4. Keep your verbal response short and encourage the person to continue talking.
5. Ask open-ended questions, rather than ones that can be answered with one word.
6. Summarize (as appropriate) what the person says.
7. Encourage the person to think out loud for themselves about the best options or solutions available at the present time.

Communicating with People in Crisis

1. They often do not hear or cannot retain a lot of facts.
2. They may reveal more about themselves than they are comfortable having other people to know.
3. It may seem that they have lost control of their life.
4. They may find it difficult, or even impossible, to make decisions.
5. They may expect you to make decisions for them or give them direct advice.
6. They may need to vent and express feelings, such as anger.
7. They will have their own internal agenda for your meeting and may not hear what you say accurately.
8. They may view you as some kind of expert, assuming that you will have all of the right answers.
9. They may feel very vulnerable and give you more power than you deserve or feel comfortable with.
10. They may seem to have some very unrealistic ideas or expectations for themselves and/or their family.
11. They may ask questions being prepared for the answers.
12. They may resent your ability to survive.

Communication Techniques

Attending	The small noises one person makes to another to show interest and concern; serves the same purpose as a nod or smile, shows the person that you are awake and listening without interrupting his/her train of thought.
Parroting	Repeating word for word what the person has just said, giving the person the chance to hear him or herself in a fresh way; forcing the individual to clarify himself or recognize exaggeration; also useful as a stalling device or if your mind goes blank.
Paraphrasing	Stating in your own words what the person's remarks convey to you; listen to the basic message, restate a summary of that message; check with the individual if your paraphrase is accurate; paraphrasing give shape to what the person may be perceiving as an overwhelming, nebulous threat; it helps focus the problem on a level where it can be examined and dealt with.
Accepting	Conveying to the person that this is a safe place where he or she can say whatever is needed, no matter what your viewpoint; the person needs to be allowed to express his or her feelings (sometimes for the first time) before ever being able to control is or her problems
I'll Statements	Owning your own perceptions or feelings about a situation, and sharing these when appropriate with the person; giving the individual the benefit of another person's point of view, clearly labeled as your own, to accept, reject or consider; this can be your reaction either to the person or to his or her situation.
Self-disclosure	Briefly giving the individual person information about yourself, other than the facts that would identify you personally.
Silence	Exactly that; either you or the person may need to take some time to ponder; allowing silence is also a great way to force the other person to take the initiative for the conversation. Don't fall into the trap of thinking that someone has to be talking all the time, that is simply not so.

Open-ended questioning	Opening up a broad topic area for a person to address if he or she chooses; basically consists of phrasing a question in such a way that it cannot be answered with one word, like yes or no; by far the largest number of questions you ask should be open-ended to give the person permission and encouragement to discuss and issue, without suggesting that there is a specific answer the counselor wants to hear (e.g., —How did you feel about that?" —Weren't you angry?")
Confronting	Describing the person's behavior and adding your own feelings about the behavior, then checking this perception with the individual; one individual may have well-established self-destructive ways of behaving, another will try to remain helpless without taking steps to help him or herself. A gentle confrontation regarding his or her behavior will place the responsibility to act back on the individual.
Recognizing	Identifying with the person's strong feelings on both sides of an ambivalence: issue and encouraging him or her to specify these feelings in order to resolve them; anyone who has ever faced a difficult decision will at some point have ambivalent feelings; naming and exploring these feelings will empower him or her to settle on the best decision.
Focusing	Providing leads for the person to elaborate on points which seem to be significant; aiding the individual in moving from the general to the specific; encouraging the person to zero in on the here and now; someone in crisis is frequently so overwhelmed by these problems that he or she cannot take enough control to see the specifics of the problem; focusing techniques help the person name problems so that he or she may concretely tackle them.

Roadblocks to Communication

1. Ordering, commanding:
"You must...", "You have to...", "You will..."
 - can produce fear or actual resistance.
 - invites testing.
 - promotes rebellious behavior, retaliation.
2. Warning, Threatening
"If you don't, then..." "You'd better, or..."
 - can produce fear, submissiveness.
 - invites testing of threatened consequences.
 - can cause resentment, anger, rebellion.
3. Moralizing, Preaching:
"You should...", "You ought to...", "It is your responsibility..."
 - creates obligation or guilt feelings.
 - can cause a person to dig in and defend his or her position even more (i.e. "Who Says?").
 - communicates lack of trust in a person's sense of responsibility.
4. Advising, Giving Solutions:
"What I would do is...", "Why don't you...", "Let me suggest..."
 - can imply that the person is not able to solve his or her own problems.
 - prevents a person from thinking through a problem, considering alternative solutions and trying them out.
 - can cause the person to feel inferior, inadequate.
5. Persuading with Logic, Arguing:
"Here is why you are wrong...", "The facts are...", "Yes, but..."
 - provokes defensive position and counter-arguments.
 - often causes a person to turn off speaker, to quit listening.
 - can cause the person to feel inferior, inadequate.
6. Judging, Criticizing, Blaming:
"You are not thinking maturely...", "You are lazy..."
 - implies incompetence, stupidity, poor judgment.
 - cuts off communication from a person over fear of negative judgment or bailing out.
 - person often accepts judgments as true ("I am bad") or retaliates ("You're not so great yourself!").

7. Praising, Agreeing:
"Well, I think you are doing a great job!" "You're right – that teacher sounds awful!!"
 - implies high expectations of person as well as surveillance of person's toeing the mark can be seen as patronizing or as a manipulative effort to encourage desired behavior.
 - can cause anxiety when the person's perception of self doesn't match speaker's praise.
8. Name-calling, Ridiculing:
"Crybaby", "Okay, Mr. Smarty..."
 - can cause person to feel unworthy, unloved.
 - can have a devastating effect on self-image of the person.
 - often provokes verbal or physical retaliation.
9. Analyzing, Diagnosing:
"What's wrong with you is...", "You're just tired...", "You' don't really mean that..."
 - can be threatening and frustrating.
 - person can feel trapped, exposed, or not believed.
 - stops person from communicating for fear or distortion or exposure.
10. Reassuring, Sympathizing:
"Don't worry", "You'll feel better", "Oh, cheer up"
 - causes the person to feel misunderstood.
 - evokes strong feelings of hostility ("That's easy for you to say!").
 - person often picks up your message as: "It's not all right for you to feel bad."
11. Probing, Questioning:
"Why...", "Who...", "What did you...", "How..."
 - since answering questions often results in getting subsequent criticisms of solutions, people often learn to reply with non-answers, avoidance, half-truths, or lies.
 - since questions often keep the person in the dark as to what the speaker is driving at, the person may become anxious and fearful.
 - person can lose sight of his or her problem while answering questions spawned by your concerns.
12. Diverting, Sarcasm, Withdrawal:
"Let's talk about pleasant things...", "Why don't you try running the world"
 - implies that life's difficulties are to be avoided rather than dealt with.
 - can infer that a person's problems are unimportant, petty or invalid.
 - stops openness from person when he or she is experiencing a difficulty.

Selective Sharing

The sharing of personal experiences is one of the most effective tools that a peer mentor can use in supporting and encouraging a patient or family member. It is important, however, to be selective when deciding what parts of your own story to tell. Here are some specific guidelines to selective sharing.

There is a specific order to how one should proceed when meeting with the referred family. Listen, think and then speak. This order is especially important to the selective sharing process.

Listen

Listening is more important than anything else in providing support. Before sharing your own story, listen and be aware the patient or family's concerns.

Listening carefully can also help in discovering what the patient or family has already been told about their situation by professionals or other sources. Understanding what a patient or family already knows (or assumes) is critical to a Peer Mentor's ability to be supportive in an appropriate way.

Think

Before responding to a patient or family's questions or request for information, stop and think about what you felt like at this stage in your own experience. It's easy to forget that the words we use, the adjustments we've made and the way we handle our situations may be markedly different from the way we originally responded. Always be sensitive to the rawness of a patient or family's pain and be in touch with how far you have come in the adjustment process. Before sharing your story, try to remember back to the early days.

Speak

The referred patient or family will probably want to know about your experience and your loved ones. Here are a few things to remember when sharing.

- Qualify everything
 - "every patient is different"
 - "your loved one may respond differently"
- Don't make promises
- Make sure that the patient or family is hearing what you are actually saying
- Are they asking questions that they don't really want to hear the answers to?
- Encourage them to check specific questions or concerns with a professional.

If you made a mistake or say something you feel uncomfortable about, back up and start again. We are human and it's perfectly okay to make a correction. It will also help the patient or family to recognize that you are human too.

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IV. LOSS AND GRIEF

Stages of Adjustment in Grieving

Understanding grief and assisting a person to express feelings of loss may be a part of your role as a Peer Mentor giving support. The psychological shock reaction to chronic illness has been described as a period of mourning comparable to that of bereavement. The conditions underlying mourning are similar in both instances. From your own person experience of loss, you will be able to understand another's grief and therefore empathize in a way that many cannot.

It was once thought that as part of a "normal" grief response the person would go through all stages in an orderly fashion, i.e. shock, denial, anger, depression and so on. It was "abnormal" if a person seemed too depressed or stayed angry too long or worse yet, didn't go through any stages at all.

Although these various stages of grief theories were certainly valuable, we now understand that each person responds to illness, including chronic illness, in a highly individualized fashion. It's safe to say there are as many patterns of grief as there are people on earth.

The following outline is a basic grief model.

1. Shock

- Shock is often but not always the first stage of grief.
- May follow injury, illness or being given a diagnosis or prognosis.
 - Shock can be defined by the following:
 - Slower thought processes
 - Some confusion
 - Flat affect (inability to express emotion)
 - Reduced responses
 - These can last hours or days depending on the person's physical condition, environment or mental status.

2. Denial

- Denial is defined as a defense mechanism in which the ego refuses to allow awareness of some aspect of reality.
- In this case, the aspect of reality is an illness, a diagnosis or prognosis.
- Most often it is the patient who is in denial, but it can be the spouse, parent, loved one, child of the person or other family members.

There are times when denial will keep the patient or family from being motivated.

- "I don't need to learn this treatment because; I'm going to get well."
- It may prevent a person from learning their diabetic diet.
- He or she may not go to physical therapy, because he or she expects to be fully functional again.

3. Bargaining

There are many ways and people to bargain with:

Some people bargain with their doctor:

- The quadriplegic might say —Doctor, if I can only get the use of my hands back, I'll be the best paraplegic the world has ever seen."

Some people bargain with themselves:

- Now, I'm going to go to the PT and work hard. I'll do my exercise every day and I'll be "normal" soon.

Most frequently, people go to the top and bargain with God:

- They might ask —Lord; let me have cancer instead of my child."
- They may offer their life to God or service to the church.

Bargaining is really an attempt to postpone reality.

- It has to include the price offered, e.g. good behavior
- It also sets a self-imposed deadline.
- It includes the promise that the person will not ask for more if this one postponement is granted.

4. Anger

- Anger is the stage of grief that is not always seen. Sometimes it surfaces with other stages. It can last days or months, and it varies from an occasional sharp remark to making it difficult or almost impossible for anyone to get near them for care and/or friendship.
- Some people direct their anger at a certain person. Some show anger to almost everyone, others show anger to the person they feel is responsible for their condition, be it another, self or God.
- We need to try to understand rather than judge anger, to look at the underlying dynamics rather than seeing only the behavior presented.
- Some of us can deal with anger more effectively than others.
- We need to know what our limits are and be honest and caring in communicating these limits to the person we're working with. e.g. —"I'm not willing to be screamed at today, I'll come back another day."

5. Adaptation and realization (acceptance)

Hopefully, the last stage of grief will be adaptation or accommodation.

- The word acceptance has been discarded, because many chronically ill people felt it sounded as if they liked or approved of their illness.
- It is hoped the adapted person will reach a point when the illness is viewed as just a part of their life, not what defines them.
- Some patients and family members will look back and feel they've grown and learned from the experience.
- Our hope is that our patients and family members will focus on experiences that provide quality of life.

Common Grief Reactions

People often think of grief as an emotional experience. It is; grief is also a physical, intellectual, social and spiritual experience. It not only affects how a person feels, it affects behavior. Here are some common ways people react during grief.

Physical Reactions	Behavioral Reactions	Emotional Reactions
Deep sighing	Searching for what is lost	Numbness
Weakness and fatigue	Detached from surroundings	Hopelessness
Rapid heartbeat	Disoriented to time and place	Spiritual connectedness
Increased blood pressure	Withdrawn from friends and activities	Confusion
Increase in activity	Unable to concentrate	Helplessness
Decrease in activity	Forgetful	Bitterness – Vengefulness
Muscular tension	Blameful of others	Euphoria
Sleep disturbances	Apathetic regarding future activities	Yearning
Decreased resistance to illness	Preoccupied	Peacefulness
Weight and appetite change	Crying	Sadness
Neglect of self	Seeking solitude	Despair
Increased sensory awareness	Finishing unfinished business	Anger
Increase in self care	Spontaneity	Guilt
		Feeling of being lost

Helping Others through Grief

Most grieving people do not need professional help – they need a friend. Here are a number of ways you can be a friend to someone who is grieving.

1. **Be There.** Grieving people need support and presence much more than advice. It is important to offer support over time.
2. **Initiate and Anticipate.** Intensely grieving people often don't know or can't ask for what they need. Suggest times you'd like to visit and ways you'd like to help.
3. **Listen.** Grieving people often need to tell their stories over and over. Listening without judgment or interruption can be the most important gift you give.
4. **Avoid "Clichés" and Easy Answers.** "I'm sorry"... "I care"... or "You're in my thoughts and prayers" may be the best response. Touch can say in silence what words cannot express.
5. **Silence is Golden.** Sometimes there are no words for grief and no words that bring enough comfort to take away the pain. Silence can demonstrate your trust and acceptance.
6. **Accept and Encourage the Expression of Feelings.** Reassure the person that grief has many feelings and that feelings are like barometers that indicate our internal weather. Expressing feelings can help change the weather.
7. **Offer Opportunities and Safety for Remembering.** There are many times during grief that remembering helps the healing and growth process. Offer to revisit places and people who can add perspective and confirm the importance of the loss.
8. **Learn About the Grief Process.** It will help with your fears and feelings of helplessness.
9. **Help the Person Find Support and Encouragement.** Help the bereaved person find a variety of support and social activities.
10. **Allow the Person to Grieve at His or Her Own Pace.** Grief is an individual process. Your ability to not judge the length of time it takes will lighten the pressure to conform to others needs or ways and will enhance self-trust.
11. **Be Patient...** With yourself and your friend. You may need to give more of yourself than you imagined. Make sure you have some means of support and self-care to see you through.

12. **Provide for Times of Lightheartedness.** Grief can be like swimming upstream – sometimes you need to get out of it and recoup. Laughter and diversions are wonderful ways to regain energy.
13. **Believe in the Person's Ability to Recover and Grow.** Your hope and faith may be needed when theirs fail. Your trust in the other's ability to heal is essential. Listen and be with them in emotional pain. DON'T PUSH!

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V. ENDING PEER RELATIONSHIPS

Ending the Relationship

Putting Closure on Your Relationship

There may be any number of reasons you need to stop mentoring a patient or family member. You may be taking a long vacation, there might be a medical emergency in your family, you may feel that there's nothing else for you to offer this patient or family member, or you may just simply need a break. Whatever the reason, it's completely fine.

At that point, you would want to contact the Peer Mentor Coordinator to determine the best plan of action. Each situation will be unique. We may want to refer the patient or family member to another Peer Mentor if they would like to continue on.

Your relationship with the patient or family member may come to a natural closure. If you don't hear back from an email you've sent, you may want to try a few more times just to see how things are going for the patient and his/her family, and then if you don't hear back, you can feel that your support has fulfilled its purpose.

You may then choose to mentor another patient or family member, or if you're taking a break for a while, you can contact the Peer Mentor Coordinator. Lastly, if you feel a need to debrief in any way, please feel free to contact the Peer Mentor Coordinator at any time.